

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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PCT/US 04/33349

International Application No.

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International Filing Date

PCT INTERNATIONAL
APPLICATION RO/US

Name of Receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

Box No. I TITLE OF INVENTION

PYROVALERONE ANALOGS AND THERAPEUTIC USES THEREOF

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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State (that is, country) of nationality:

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This person is applicant
for the purposes of: ~all designated
Statesall designated States except
the United States ofthe United States
of America onlythe States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:



applicant only



applicant and inventor

inventor only (If this check-box
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

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State (that is, country) of residence:

US

This person is applicant
for the purposes of: ~all designated
Statesall designated States except
the United States ofthe United States
of America onlythe States indicated in
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent

common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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